



STATE OF MARYLAND

DHMH

Office of Health Services
Medical Care Programs

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Parris N. Glendening, Governor - Georges C. Benjamin, M.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM

General Provider Transmittal No. 57

January 15, 2002

General Clinics
Managed Care Organizations
Nurse Anesthetists
Nurse Practitioners
Nurse Midwives
Physicians
Podiatrists

FROM: Susan J. Tucker, Executive Director

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

**ATTENTION: DELAY IN THE IMPLEMENTATION DATE FOR
GENERAL PROVIDER TRANSMITTAL #56**

Implementation of General Provider Transmittal No. 56 dated December 14, 2001 has been delayed and will not be effective on February 1, 2002 as stated in the transmittal. (copy attached). The purpose of the transmittal was to inform providers about procedural code changes being made to the Physicians' Services Provider Fee Manual including the replacement of certain EPSDT, Healthy Start and Nurse Midwife local billing codes. The Program is delaying these changes because of new national codes, just released, effective January 1, 2002, that result in further revisions needed. DHMH has also delayed the adoption of the accompanying regulatory changes to COMAR 10.09.02.

Therefore, do not implement any changes as described in Transmittal No. 56 until you are notified of any further revisions and a new effective date is issued. We regret any inconvenience that this delay may cause.

Any questions regarding this transmittal should be directed to the staff specialist for physicians' services at 410-767-1481 or (800) 685-5861, extension 1481.

ST:tmm



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MARYLAND MEDICAL ASSISTANCE PROGRAM
General Provider Transmittal No. 56

December 14, 2001

- General Clinics
- Managed Care Organizations
- Nurse Anesthetists
- Nurse Practitioners
- Nurse Midwives
- Physicians
- Podiatrists

FROM: Susan J. Tucker, Executive Director

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

Proposed Amendments to COMAR 10.09.02 Physicians' Services

ACTION:
Proposed Regulations

EFFECTIVE DATE:

WRITTEN COMMENTS TO:
Michele Phinney
201 W. Preston Street, Room 521
Baltimore, MD 21201
(410) 767-6499 or FAX (410) 333-7687

PROGRAM CONTACT PERSON:
Robert Zielaskiewicz
(410) 767-1481

COMMENT PERIOD EXPIRES: December 17, 2001

The Medical Assistance Program proposes to amend Regulations .01, .04 and .07 under COMAR 10.09.02 Physicians' Services. These amendments revise the Physicians' Services Provider Fee Manual by incorporating Current Procedural Terminology (CPT) 2001, add a definition for the "United States" and allow a certified nurse practitioner or

(Continued on reverse)

anesthetist employed by a physician to provide services without direct supervision by the physician the same as for a nurse midwife.

In addition, local billing codes (W----) for the Early Periodic Screening, Diagnosis and Treatment Program (EPSDT), Healthy Start Program and nurse mid-wife services have been replaced by appropriate CPT codes in order to comply with the requirements of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

CPT Preventive Medicine codes (99381-99385, 99391-99395) will be used to report a full EPSDT screen and CPT Evaluation and Management codes (99201-99215) will be used to report a partial or follow-up EPSDT screen. A new modifier -EP (EPSDT service) will be appended to the appropriate vaccine code (instead of the modifier -26) to bill for Vaccines for Children (VFC) vaccine administration. The modifier -26 will not be used for billing either VFC vaccine administrations or hospital outpatient visits. The -EP modifier will also be appended to procedure code 90173 to report the service as an EPSDT vision screen.

Preventive medicine codes 99420 and 99401 will be used to bill for a Healthy Start prenatal risk assessment and enriched maternity service (diagnosis V22 or V23), respectively.

Vaginal delivery codes 59410 and 59614 will be used to bill for vaginal deliveries including postpartum care performed in a home or birthing center (place of service 12 or 25). The unlisted maternity care and delivery code 59899 will be used to bill for delivery supplies provided in a home or birthing center (POS 12 or 25).

The Program has used the modifier -50 to report both multiple and bilateral procedures. Since this policy is not in compliance with HIPAA coding requirements the modifier -50 will now be used to report bilateral procedures only and the modifier -"51" will be used to report multiple procedures. The modifier -51 should not be appended to "add-on" codes or those designated as "modifier -51 exempt" in the CPT code book.

Effective for services rendered on or after February 1, 2002, the Program is implementing the changes noted above. The local W-codes will no longer be valid billing codes, the modifier -26 will only be used to report the "professional component" of a procedure as described in CPT, the modifier -50 will only be used to report a bilateral procedure and the modifier -51 will be used to report a multiple procedure. Please ensure that appropriate billing staff are informed of these changes.

The new billing procedures which will take effect on 1/1/02 are not changes to the current physician fee schedule but are changes in coding policy which need to be implemented as soon as possible due to HIPAA.

Any questions regarding this transmittal should be directed to the staff specialist for physicians' services at 410-767-1481 or 1-800-685-5861, extension 1481.

SJT:rz
